REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/652,750
	Filing Date	August 28, 2003
	First Named Inventor	David E. NORTON, Jr.
	Art Unit	2627
	Examiner Name	D. Negron
	Attorney Docket Number	249212022500

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

☐ all the practitioners of record;

☐ the practitioners (with registration numbers) of record listed on the attached paper(s); or

☒ the practitioners of record associated with Customer Number: 20872

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

☐ 10.40(b)(1)   ☐ 10.40(b)(2)   ☐ 10.40(b)(3)   ☒ 10.40(b)(4)

☐ 10.40(c)(1)(i) ☐ 10.40(c)(1)(ii) ☐ 10.40(c)(1)(iii) ☐ 10.40(c)(1)(iv)

☐ 10.40(c)(1)(v) ☐ 10.40(c)(1)(vi) ☐ 10.40(c)(2)   ☐ 10.40(c)(3)

☐ 10.40(c)(4)   ☐ 10.40(c)(5)   ☐ 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. ☒ I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.

2. ☒ I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.

3. ☒ I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:
The practitioners have been discharged by the assignee/client. The assignee/client has requested transfer.

COMPLETED

pa-1343235

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. *Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.*

Change the correspondence address and direct all future correspondence to:

A. ☐ The address of the inventor or assignee associated with Customer Number: _____

OR

B. ☐ Inventor or Assignee Name

Address			
City	State	Zip	Country
Telephone		Email	

I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature	*Robert Saltzberg*		
Name	Robert A. Saltzberg	Registration No.	36,910

Address	Morrison & Foerster LLP 425 Market Street			
City	San Francisco	State	CA	Zip 94105-2482	Country US
Date	June 22, 2009		Telephone No.	(415) 268-6428

NOTE: Withdrawal is effective when approved rather than when received.

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